



**CITY of BEVERLY**  
**PLANNING AND COMMUNITY**  
**DEVELOPMENT DEPARTMENT**  
 191 Cabot Street  
 Beverly, Massachusetts 01915  
 Phone (978) 921-6000  
 Fax (978) 921-6187

Mayor  
 Michael P. Cahill

Director  
 Aaron Clausen

Assistant Planning Director  
 Darlene Wynne

Environmental Planner  
 Amy Maxner

Economic Development Planner  
 Denise Deschamps

Associate Planner  
 Allison Crosbie

**Housing Rehabilitation Program**  
**APPLICATION FOR PLACEMENT ON PRE-QUALIFIED CONTRACTOR'S LIST**

Business Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Tax ID No. (If Applicable) \_\_\_\_\_ Tax Exempt No. (If Applicable) \_\_\_\_\_

MA License No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Number of Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_ Have you ever filed for bankruptcy?  Yes  No

**Type of business: Check all that apply**

Privately Owned  Partnership  Corporation  Minority Owned  Women Owned  Section 3

**Indicate construction experience / work provided (check all that apply):**

Building  Roofing  Plumbing  Construction  Demolition  Masonry  Electrical  
 Windows  HVAC  De-leading  Painting  Asbestos Removal  
 Other: (please specify) \_\_\_\_\_

**Please list insurance information below:**

Insurance Type	Policy Number	Limits	Carrier

Insurance Agency \_\_\_\_\_ Insurance Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**Recent customers with whom you have conducted business:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

**AUTHORITY TO OBTAIN VERIFICATION:** I understand that signing this application gives the City of Beverly's Housing Rehabilitation Loan Program Staff the authority to obtain verification from any source provided herein. The undersigned certifies that all information provided on this application is true and correct to the best of his or her knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility.

Contractor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE SUBMIT APPLICATION ALONG WITH COPIES OF LICENCES AND INSURANCE POLICIES TO:**

**CITY OF BEVERLY  
PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT  
191 CABOT STREET 2ND FLOOR  
BEVERLY, MA 01915  
Tel: 978-605-2384 or email: mobrien@beverlyma.gov**

-- Office use only – Do not write below this line

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Policy on file:  Yes  No

Worker's Compensation Policy on file:  Yes  No N/A

De-leader License: Yes  No

Construction Supervisor License: Restricted  Yes  No Unrestricted  Yes  No

Home Improvement Contractor License:  Yes  No

Remodeling, Renovations, and Painting Certification, EPA:  Yes  No